**Send completed form to:**Department of Labor and Industries
Conference Manager PO Box 44642 Olympia WA 98504-4642 Phone (360) 902-5446



## APPLICATION/NOMINATION FOR GOVERNOR'S INDUSTRIAL SAFETY AND HEALTH **ADVISORY BOARD**

Applicant/nominees name	E-mail address	Work	telephone number
Business address	Home address		
Business uddiess	Trome address		
City State ZIP+4	City	State	ZIP+4
Industry/organization for which this applicant/nominee is to be considered			
Education (high school, name/location of college/university, year graduated, degree)			
Licenses or certification currently held			
Present employment (company name and job title)  Inclusive dates of employment (company name and job title)		tes of employment	
Have you ever been convicted of a crime? No Yes			
Tell us about your involvement in Industrial Safety & Health conferences/Public Education experience			
Previous employment/experience (attach resumé with references)			
Do you represent a labor or professional organization? Yes No			
Professional/community organizations to which you belong	Office	held	Resignation date
Affirmative action program The Governor desires a broad representation of backgrounds on boards and commissions.			
and personal information       Information in this section will assist in this goal and is voluntary on your part.         Native American       Hispanic       Date of birth			
African American Caucasian		birth Male	Female
Asian Other	Sex Handio		☐ No
Date Signature			
		partment use only	
	Ap	pointment date:	Resignation date